PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL				pplication Numb	oer	10/580,351			
FEE TRANSIMIT IAL For FY 2008 Applicant claims small entity status. See 37 CFR 1.27							/ 23, 2006		
				rst Named Inve	ntor	Dr. Lars Friedrich			
				xaminer Name		Eric L. Bolda			
			_ A	rt Unit		3663			
TOTAL AMOUNT OF PAYMEN	(\$)	120.00	A	tomey Docket	No.	965.100)2		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify): Denosit Account Denosit Account Number 50-3227 people Account Name The Culbertson Group, P.C.									
Deposit Account Deposit Account Number 50-3227 Deposit Account Name. The Culbertson Group, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
ARNING: Information and understation of Provided and 1.77 WARNING: Information on this form may become public. Credit card information abouted not be included on this form. Provide credit card information and understation on Provided credit card information and understation of the Provided credit card information and understation of the Provided credit card information and understation of the Provided credit card information and understation and understatio									
FEE CALCULATION									
	FILING FE Sma	ES SE	ARCH	FEES Fee (\$)		MINATION Small (\$) Fee	Entity	Fees Paid (\$)	
Utility	310	155 51	10	255	21	0 10:	5		
Design	210	105 10	00	50	13	0 6:	5		
Plant	210	105 31	10	155	16	0 8	0		
Reissue	310	155 51	10	255	62	0 31	0		
Provisional	210	105	0	0		0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims							ee (\$) 50 210 370	Small Entity Fee (\$) 25 105 185	
Total Claims								Dependent Claims	
- 20 or HP =	ione poid for 1	x = _				Ē	ee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Ext Claims Fe(8) Fee Paid (\$) 3 or HP = ** 3 or HP = ** 1 be insighest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50									
Issuing under 7 CFR L34(9), the application state to the same consistency of 150 to a state of the same consistency of 150 to a short of faction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR L16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof. Fee (5) [Total Sheets Carlot Sheets									
4. OTHER FEE(5) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge)-Petition for Extension of Time (One-Month) 120.00									
Other (e.g., rate rining surcharge).									
SUBMITTED BY			10.	-l-tfi N-					
Signature (/(\sim	/	Re	gistration No. tomey/Agent)	32,1	24		one 512.327.8932	
Name (Print/Type) Russell D. Cidbertson							Date (October 26, 2007	

This collection of information is required by 7 GFR 1.136. The information is required to obtain or retain a benefit by the public value in its 0 line (and by the USFT) to opposes an application. Contidentially a governed by \$5 U.S.C. 122 and USFTO. This will vary depending upon the individual case. Any comments of the public value in the public value of the individual case. Any comments on the inmost off them you required to complete the form and/or suggested to be rectaining the burden, should be sent to the Chief information officer. U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Meanuful, V. 2231-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND DTC. Commissioner for Patients, P.O. Box 1450, Meanuful, V. 2231-1450.